KENTUCKY LABOR CABINET
Department of Workers' Claims
Division of Workers' Compensation Funds
46 Mill Creek Park Box 5
Frankfort, KY 40601
Telephone: (502) 564-5467
Fax: (502) 695-5608
www.labor.ky.gov/workersclaims

Matthew G. Bevin
Governor

Jenean M. Hampton
Lieutenant Governor

David Dickerson
Secretary

Robert L. Swisher
Commissioner

CHANGE OF ADDRESS AUTHORIZATION FORM

Complete the information below, Notarize and mail to our office

CLAIM NUMBER: _____

CLAIMANT'S NAME: _____SS#_____
OLD ADDRESS: _____
_____

NEW ADDRESS _____
_____

TELEPHONE NUMBER: ( ) _____

CLAIMANT SIGNATURE: _____

State of _____

County of _____

Subscribed and sworn to before me this _____day of _____, 20_____ by _____, known to me or proven to be the same person executing this document.

_____
NOTARY PUBLIC

My Commission Expires: _____

(AFFIX SEAL)